

WAYE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Globe

or

City of _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Robert Clyde Collins
(If child is not yet named, make supplemental report, as directed.)3. Sex of Child male 4. Twin, triplet or other. no 5. Legitimate? yes 6. Date of birth Aug. 28, 1925
To be answered ONLY in event of plural births. 7. Month day year8. FATHER Full name Robert Collins 14. MOTHER Full maiden name Ella Miller9. Residence (Usual place of abode) Globe, Ariz. 15. Residence (Usual place of abode) Globe, Ariz.
If nonresident, give place and state If nonresident, give place and state10. Color or race white 16. Color or race white 17. Age at last birthday 20 (Years)11. Age at last birthday 24 (Years) 18. Birthplace (city or place) Texas
(State or country) (State or country)13. Occupation miner 19. Occupation Housewife
Nature of Industry Nature of Industry20. Number of children of this mother (a) Born alive and now living one 21. Were precautions taken against oph-
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead none thalmia neonatorum?
(c) Stillborn one yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 P. m. on the date above stated.
(Born alive or stillborn.)*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
Signature T. C. Harper, M.D.
Address Globe, Ariz.
(Physician or midwife)Given name added from supplemental report _____ Filed 8/31, 1925 W. H. Novek
Month, day, year. Local Registrar.

Registrar. _____ County Registrar.

932-828-549